State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

**In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.*

1. ID No. 565116	2. Exact name of the limited liability company METZ Realty, LLC		
3. State of Formation Rhode Island	4. Brief description of the character of the business which is actually conducted in Rhode Island To purchase , hold, develop, rent and sell real estate.		
5. Principal office address 664 County Street	City Attleboro	State MA	Zip 02703

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name James M. Castro	Contact Title Manager		
Street Address 664 County Street	City Attleboro	State MA	Zip 02703

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS — FILL IN SPACES BEFORE USING ATTACHMENTS. (CHECK BOX FOR ATTACHMENT) ☐

Manager Name James M. Castro			Manager Name P. Duff White		
Street Address 664 County Street			Street Address 664 County Street		
City Attleboro	State MA	Zip 02703	City Attleboro	State MA	Zip 02703
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11Orson and Brusini Ltd.

FILED

SEP 29 2011

BY C~ 1100

[redacted]

2011 SEP 29 PM 2:00
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

[redacted]

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

James M Castro — Sept 9, 2011
Signature of Authorized Person — *Date*

[redacted]

James M. Castro, Manager
Print or Type Name of Authorized Person

Form 632 Rev. 08/08